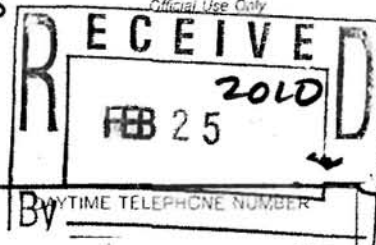


STATEMENT OF ECONOMIC INTERESTS
FAIR POLITICAL PRACTICES COMMISSION
COVER PAGE

Date Received
Official Use Only



Please type or print in ink.

NAME (LAST)	(FIRST)	(MIDDLE)	BY TELEPHONE NUMBER
Adams	Anthony	Thomas	
MAILING ADDRESS STREET CITY		STATE	ZIP CODE
(Business Address Acceptable)			OPTIONAL E-MAIL ADDRESS

1. Office, Agency, or Court

Name of Office, Agency, or Court:

CA State Assembly

Division, Board, District, if applicable:

59th Assembly District

Your Position:

Assemblymember

► If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: _____

Position: _____

2. Jurisdiction of Office (Check at least one box)

☐ State

☐ County of _____

☐ City of _____

☒ Multi-County Los Angeles and San Bernardino

☐ Other _____

3. Type of Statement (Check at least one box)

☐ Assuming Office/Initial

Date: ____/____/____

☒ Annual: The period covered is January 1, 2009, through December 31, 2009.

-or-

☐ The period covered is ____/____/____, through December 31, 2009.

☐ Leaving Office Date Left: ____/____/____ (Check one)

☐ The period covered is January 1, 2009, through the date of leaving office.

-or-

☐ The period covered is ____/____/____, through the date of leaving office.

☐ Candidate Election Year: _____

4. Schedule Summary

► Total number of pages including this cover page: 4

► Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 ☐ Yes - schedule attached
Investments (Less than 10% Ownership)

Schedule A-2 ☐ Yes - schedule attached
Investments (10% or Greater Ownership)

Schedule B ☐ Yes - schedule attached
Real Property

Schedule C ☐ Yes - schedule attached
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D ☒ Yes - schedule attached
Income - Gifts

Schedule E ☒ Yes - schedule attached
Income - Gifts - Travel Payments

-or-

☐ No reportable interests on any schedule

5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed

25/2010

Signature

SCHEDULE D
Income - Gifts

Name

Adams

► NAME OF SOURCE

Oak Tree Racing Association

ADDRESS (Business Address Acceptable)

285 W. Huntington Dr. PO Box 60014 Arcadia, CA 91066

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Racing

DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)

9/3/09 \$108.00 Admission, parking, lunch

____/____/____ \$ _____

____/____/____ \$ _____

► NAME OF SOURCE

Citrus College Foundation

ADDRESS (Business Address Acceptable)

1000 W. Fairhill Blvd. Glendora, CA 91741

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Community College

DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)

10/4/09 \$75.00 Dinner

10/4/09 \$75.00 Dinner for wife

____/____/____ \$ _____

► NAME OF SOURCE

Walt Disney Company

ADDRESS (Business Address Acceptable)

500 S. Buena Vista Burbank, CA 91521

BUSINESS ACTIVITY, IF ANY, OF SOURCE

entertainment

DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)

3/21/09 \$282.00 tickets

____/____/____ \$ _____

____/____/____ \$ _____

► NAME OF SOURCE

AT+T

ADDRESS (Business Address Acceptable)

1215 K St. Ste. 1800 Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Communications

DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)

8/24/09 \$113.00 ticket, food + Beverage

____/____/____ \$ _____

____/____/____ \$ _____

► NAME OF SOURCE

CA Correctional Peace Officers Assoc.

ADDRESS (Business Address Acceptable)

735 Riverpoint Dr. West Sacramento, CA 95605

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Public Safety

DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)

3/12/09 \$164.94 Basketball tickets

____/____/____ \$ _____

____/____/____ \$ _____

► NAME OF SOURCE

CEP America / Med America, Inc.

ADDRESS (Business Address Acceptable)

2100 Powell St. Ste 900 Emeryville, CA 94608

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)

3/17/09 \$183.00 Dinner

____/____/____ \$ _____

____/____/____ \$ _____

Comments: _____

SCHEDULE D Income - Gifts

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

Adams

NAME OF SOURCE

Cal Chamber

ADDRESS (Business Address Acceptable)

1215 K St. Ste. 1400 Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
6/11/09	\$54.05	Dinner
	\$	
	\$	

NAME OF SOURCE

CA Tribal Business Alliance

ADDRESS (Business Address Acceptable)

1530 J St. Ste. 250 Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
1/14/09	\$88.77	Reception
	\$	
	\$	

NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$	
	\$	
	\$	

NAME OF SOURCE

Entertainment Software Assoc.

ADDRESS (Business Address Acceptable)

576 7th St. Ste. 300 Washington D.C. 20004

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
3/24/09	\$210.87	Reception
	\$	
	\$	

NAME OF SOURCE

Southern CA Edison

ADDRESS (Business Address Acceptable)

P.O. Box 800 2244 Walnut Grove Rosemead, CA 911

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11/12/09	\$71.00	ticket
12/17/09	\$16.50	ornament
	\$	

NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$	
	\$	
	\$	

Comments: _____

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name <u>Adams</u>

- Reminder – you must mark the gift or income box.
- You are not required to report income from government agencies.

▶ NAME OF SOURCE <u>City of Los Angeles</u>
ADDRESS (Business Address Acceptable) <u>1400 K Street, Rm. 208</u>
CITY AND STATE <u>Sacramento, CA 95814</u>
BUSINESS ACTIVITY, IF ANY, OF SOURCE _____
DATE(S): <u>1/1/09</u> - <u>12/31/09</u> AMT: \$ <u>1420.00</u> <small>(If applicable)</small>
TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income
DESCRIPTION: <u>Airport parking +</u> <u>shuttle</u>

▶ NAME OF SOURCE _____
ADDRESS (Business Address Acceptable) _____
CITY AND STATE _____
BUSINESS ACTIVITY, IF ANY, OF SOURCE _____
DATE(S): ____/____/____ - ____/____/____ AMT: \$ _____ <small>(If applicable)</small>
TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income
DESCRIPTION: _____

▶ NAME OF SOURCE _____
ADDRESS (Business Address Acceptable) _____
CITY AND STATE _____
BUSINESS ACTIVITY, IF ANY, OF SOURCE _____
DATE(S): ____/____/____ - ____/____/____ AMT: \$ _____ <small>(If applicable)</small>
TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income
DESCRIPTION: _____

▶ NAME OF SOURCE _____
ADDRESS (Business Address Acceptable) _____
CITY AND STATE _____
BUSINESS ACTIVITY, IF ANY, OF SOURCE _____
DATE(S): ____/____/____ - ____/____/____ AMT: \$ _____ <small>(If applicable)</small>
TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income
DESCRIPTION: _____

Comments: _____

RECEIVED

Date Received
Official Use Only
APR 21 2010CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS

FAIR POLITICAL
PRACTICES COMMISSION
COVER PAGE

A MENDMENT

PUBLIC Document

Please type or print in ink.

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER		
Adams	Anthony	Thomas			
MAILING ADDRESS (Business Address Acceptable)	STREET	CITY	STATE	ZIP CODE	OPTIONAL: E-MAIL ADDRESS

1. Office, Agency, or Court

Name of Office, Agency, or Court:

CA State Assembly

Division, Board, District, if applicable:

59th Assembly District

Your Position:

Assemblymember

► If filing for multiple positions, list additional agency(ies)/
position(s): (Attach a separate sheet if necessary.)

Agency: _____

Position: _____

2. Jurisdiction of Office (Check at least one box)

- ☒ State
- ☐ County of _____
- ☐ City of _____
- ☐ Multi-County _____
- ☐ Other _____

3. Type of Statement (Check at least one box)

☐ Assuming Office/Initial Date: ____/____/____☒ Annual: The period covered is January 1, 2009,
through December 31, 2009.

-or-

☐ The period covered is ____/____/____, through
December 31, 2009.☐ Leaving Office Date Left: ____/____/____
(Check one)☐ The period covered is January 1, 2009 through the
date of leaving office,

-or-

☐ The period covered is ____/____/____, through
the date of leaving office.☐ Candidate Election Year: _____

4. Schedule Summary

► Total number of pages
including this cover page: 4► Check applicable schedules or "No reportable
interests."I have disclosed interests on one or more of the
attached schedules:Schedule A-1 ☐ Yes - schedule attached
Investments (Less than 10% Ownership)Schedule A-2 ☐ Yes - schedule attached
Investments (10% or Greater Ownership)Schedule B ☐ Yes - schedule attached
Real PropertySchedule C ☐ Yes - schedule attached
Income, Loans, & Business Positions (Income Other than Gifts
and Travel Payments)Schedule D ☒ Yes - schedule attached
Income - GiftsSchedule E ☒ Yes - schedule attached
Income - Travel Payments

-or-

☐ No reportable interests on any schedule

5. Verification

I have used all reasonable diligence in preparing this
statement. I have reviewed this statement and to the best of
my knowledge the information contained herein and in any
attached schedules is true and complete.I certify under penalty of perjury under the laws of the State
of California that the foregoing is true and correct.Date Signed 4/21/10Signature _____
(Officially signed statement with your filing official.)

RECEIVED
FAIR POLITICAL
PRACTICES COMMISSION
10 APR 26 PM 4:07

SCHEDULE D
Income – Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

AMENDMENT

► NAME OF SOURCE

Oak Tree Racing Association

ADDRESS (Business Address Acceptable)

285 W. Huntington Dr. PO Box 60014 Arcadia, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Racing

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
9 / 3 / 09	\$ 108.00	Tickets/parking/lunch
/ /	\$	
/ /	\$	

► NAME OF SOURCE

Citrus College Foundation

ADDRESS (Business Address Acceptable)

1000 W. Foothill Blvd. Glendora, CA 91741

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Community College/ education

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 4 / 09	\$ 75.00	dinner
10 / 4 / 09	\$ 75.00	dinner for spouse
/ /	\$	

► NAME OF SOURCE

Walt Disney Company

ADDRESS (Business Address Acceptable)

500 S. Buena Vista Burbank, CA 91521

BUSINESS ACTIVITY, IF ANY, OF SOURCE

entertainment

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
3 / 21 / 09	\$ 282.00	tickets
/ /	\$	
/ /	\$	

► NAME OF SOURCE

AT & T

ADDRESS (Business Address Acceptable)

1215 K St. Ste. 1800 Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Communications

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
8 / 24 / 09	\$ 113.00	ticket, food, beverage
/ /	\$	
/ /	\$	

► NAME OF SOURCE

California Correctional Peace Officers Association

ADDRESS (Business Address Acceptable)

1455 Response Rd. Ste. 190 Sacramento, CA 95815

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Public Safety

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
3 / 12 / 09	\$ 164.94	Basketball tickets
/ /	\$	
/ /	\$	

Verification

Print Name _____

Office, Agency
or Court _____

Statement Type ☐ 2009/2010 Annual ☐ Assuming ☐ Leaving
☐ Annual ☐ Candidate

I have used all reasonable diligence in preparing this statement, I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed _____
(month, day, year)

Signature _____

Comments: _____

RECEIVED
FAIR POLITICAL
PRACTICES COMMISSION
10 APR 26 PM 4:07

SCHEDULE D
Income - Gifts

▶ NAME OF SOURCE
CEP America / MedAmerica, Inc.
ADDRESS (Business Address Acceptable)
2100 Powell St. Ste. 900 Emeryville, CA 94608
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Medical Advocacy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>3 / 17 / 09</u>	<u>\$ 183.60</u>	<u>dinner</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE
Entertainment Software Association
ADDRESS (Business Address Acceptable)
576 7th St. Ste. 300 Washington D.C. 20004
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Entertainment

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>3 / 24 / 09</u>	<u>\$ 210.87</u>	<u>Reception</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE
Southern California Edison
ADDRESS (Business Address Acceptable)
PO Box 800 2244 Walnut Grove Rosemead, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Energy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 / 12 / 09</u>	<u>\$ 71.00</u>	<u>ticket</u>
<u>12 / 17 / 09</u>	<u>\$ 16.50</u>	<u>ornament</u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE
CalChamber
ADDRESS (Business Address Acceptable)
1215 K St. Ste. 1400 Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Business Advocacy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>6 / 11 / 09</u>	<u>\$ 54.05</u>	<u>dinner</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE
California Tribal Business Alliance
ADDRESS (Business Address Acceptable)
1530 J St. Ste. 250 Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Tribal organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>1 / 14 / 09</u>	<u>\$ 88.77</u>	<u>Reception</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

Verification

Print Name _____

Office, Agency or Court _____

Statement Type ☐ 2009/2010 Annual ☐ Assuming ☐ Leaving
☐ (yr) Annual ☐ Candidate

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed _____
(month, day, year)

Signature _____

Comments: _____

FAIR POLITICAL PRACTICES COMMISSION
10 APR 26 11:40 AM
SCHEDULE E
Income - Gifts
Travel Payments, Advances,
and Reimbursements

- Reminder – you must mark the gift or income box.
- You are not required to report income from government agencies.

<p>▶ NAME OF SOURCE <u>City of Los Angeles</u></p> <p>ADDRESS (Business Address Acceptable) <u>1400 K St. Rm. 208</u></p> <p>CITY AND STATE <u>Sacramento, CA 95814</u></p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Airport / Travel</u></p> <p>DATE(S): <u>1 / 1 / 09</u> - <u>12 / 31 / 09</u> AMT: \$ <u>1,420.00</u> <small>(If applicable)</small></p> <p>TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p>DESCRIPTION: <u>Airport Parking and Shuttle</u></p>	<p>▶ NAME OF SOURCE</p> <p>ADDRESS (Business Address Acceptable)</p> <p>CITY AND STATE</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE</p> <p>DATE(S): ____/____/____ - ____/____/____ AMT: \$ ____ <small>(If applicable)</small></p> <p>TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p>DESCRIPTION: _____</p>
<p>▶ NAME OF SOURCE</p> <p>ADDRESS (Business Address Acceptable)</p> <p>CITY AND STATE</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE</p> <p>DATE(S): ____/____/____ - ____/____/____ AMT: \$ ____ <small>(If applicable)</small></p> <p>TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p>DESCRIPTION: _____</p>	<p>Verification</p> <p>Print Name _____</p> <p>Office, Agency or Court _____</p> <p>Statement Type <input type="checkbox"/> 2009/2010 Annual <input type="checkbox"/> Assuming <input type="checkbox"/> Leaving <input type="checkbox"/> ____ Annual <input type="checkbox"/> Candidate <small>(yr)</small></p> <p>I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.</p> <p>I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.</p> <p>Date Signed _____ <small>(month, day, year)</small></p> <p>Signature _____</p>

Comments: _____